

Community Emergency Medical Technician Services

Purchasing and Service Delivery
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For more information contact:

Minnesota Department of Human Services
Purchasing and Service Delivery
P.O. Box 64984
St. Paul, MN 55164-0984
651.431.2203



Minnesota Department of **Human Services**

Legislative Report

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I. Executive summary

This report provides an update to the Community Emergency Medical Technician (CEMT), program, along with CEMT services to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance.

As of January 1, 2017, DHS implemented the CEMT program according to the law enacted by the Minnesota legislature. The new provider type, Community Emergency Medical Technician (CEMT), was established to meet the health care needs of recipients within the first 24 to 48 hours of being discharged from a hospital or nursing home, or for safe home checks due to multiple calls for assistance at the recipient's home.

Currently, Hennepin Technical College is offering the [CEMT program](#). The program is graduating the pilot program participants as they complete their clinical requirements. The next class is scheduled to take place in January of 2018 with EMTs who qualify for the program.

At this time there are no certified emergency medical technicians currently graduated or working in the field; accordingly there are no claims yet to review as the educational component is just now ready to take students. It is anticipated that claims should start coming in for processing in February or March of 2018

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II. Legislation

Minnesota Statutes 2008, section 123.45, subdivision 6 ; MINN. STAT. 123.45 (2008); Reports to the legislature must include the legislation that mandates creation of the report. Give the formal citation and then paste the text of the legislation into the report.

Minnesota Statutes [256B.0625, subd 60a](#) Community Emergency Medical Technician Services

(a) Medical assistance covers services provided by a community medical response emergency medical technician (CEMT) who is certified under section [144E.275, subdivision 7](#), when the services are provided in accordance with this subdivision.

(b) A CEMT may provide a post-discharge visit, after discharge from a hospital or skilled nursing facility, when ordered by a treating physician. The post-discharge visit includes:

- (1) Verbal or visual reminders of discharge orders
- (2) Recording and reporting of vital signs to the patient's primary care provider
- (3) Medication access confirmation
- (4) Food access confirmation
- (5) Identification of home hazards

(c) An individual who has repeat ambulance calls due to falls or has been identified by the individual's primary care provider as at risk for nursing home placement, may receive a safety evaluation visit from a CEMT when ordered by a primary care provider in accordance with the individual's care plan. A safety evaluation visit includes:

- (1) Medication access confirmation
- (2) Food access confirmation
- (3) Identification of home hazards

(d) A CEMT shall be paid at \$9.75 per 15-minute increment. A safety evaluation visit may not be billed for the same day as a post-discharge visit for the same individual.

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III. Introduction

In January of 2014, the St. Louis Park Fire Department met with Park Nicollet Methodist Hospital to discuss the high percentage of department emergency medical calls that were occurring after hospital discharges. Following that conversation, Park Nicollet initiated a continuous improvement effort to reduce the number of readmissions. The post-hospital discharge visit pilot program resulted from that effort. In the pilot program, Park Nicollet collaborated with the fire departments in St. Louis Park, Minneapolis, Minnetonka, Hopkins, and Eden Prairie to conduct post-hospital discharge visits.

The pilot began on May 12, 2014. Four hundred forty-eight post-hospital discharge visits occurred between May 12, 2014 and July 31, 2015. Of the five cities participating in the pilot, three reduced readmission rates. Since its initiation, approximately 600 patients have participated in the pilot.

Effective January 1, 2017, the Minnesota legislature enacted into law the new provider type community emergency medical technician (CEMT). The goal of this new service is to meet the health care needs of recipients within the first 24 to 48 hours of being discharged from a hospital or nursing home or for safe home checks due to multiple calls for assistance at their home. The hope is having CEMT do in home follow up visits will reduce the number of readmissions to a hospital or nursing home after initial discharge.

The legislation allows for the CEMT to provide the following services.

A. Post-Hospital Discharge Visit

The patient's physician (hospitalist or primary care) orders the post-hospital discharge visit. The visit is included in the patient's care plan.

Included components:

- Provide verbal or visual reminders of discharge orders
- Recording and reporting of vital signs to the patient's primary care provider
- Medication access confirmation
- Food access confirmation
- Identification of home hazards

B. Safety Evaluation Visit

The patient's physician (hospitalist or primary care) coordinates and is responsible for the treatment plan ordering the CEMT services.

Circumstances that may trigger a safety evaluation visit:

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- Repeat ambulance calls due to falls
- Nursing home discharges
- Individuals identified by primary care as at risk for nursing home placement

Included components:

- Medication access confirmation
- Food access confirmation
- Identification of home hazards

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IV. CEMT Certification Progress

In order to be eligible to provide services as a CEMT, the CEMT must be certified as described in 144E.275. The certification requires the following:

Subd. 7. **Community medical response emergency medical technician.**

(a) To be eligible for certification by the board as a CEMT, an individual shall:

(1) Be currently certified as an EMT or AEMT

(2) Have two years of service as an EMT or AEMT

(3) Be a member of a registered medical response unit as defined under this section

(4) Successfully complete a CEMT education program from a college or university that has been approved by the board or accredited by a board-approved national accrediting organization. The education must include clinical experience under the supervision of the medical response unit medical director, an advanced practice registered nurse, a physician assistant, or a public health nurse operating under the direct authority of a local unit of government

(5) Successfully complete an education program that includes education in providing culturally appropriate care

(6) Complete a board-approved application form

(b) A CEMT must practice in accordance with protocols and supervisory standards established by the medical response unit medical director in accordance with section [144E.265](#).

(c) A CEMT may provide services within the CEMT skill set as approved by the medical response unit medical director.

(d) A CEMT may provide episodic individual patient education and prevention education but only as directed by a patient care plan developed by the patient's primary physician, an advanced practice registered nurse, or a physician assistant, in conjunction with the medical response unit medical director and relevant local health care providers. The patient care plan must ensure that the services provided by the CEMT are consistent with services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient.

(e) A CEMT is subject to all certification, disciplinary, complaint, and other regulatory requirements that apply to EMTs under this chapter.

(f) A CEMT may not provide services as defined in section [144A.471, subdivisions 6 and 7](#), except a CEMT may provide verbal or visual reminders to the patient to:

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(1) Take a regularly scheduled medication, but not to provide or bring the patient medication

(2) Follow regularly scheduled treatment or exercise plans

As of June 2017, Hennepin Technical College has been working to develop a curriculum for CEMT. Involved in the creation of the curriculum were individuals who participated in the pilot program from St. Louis Park, Richfield, Minneapolis, Hopkins, Minnetonka, and Eden Prairie fire departments. The team met for four hours every other week to discuss and build course curriculum that met the requirements of the certification.

The various team members were involved in the Park Nicollet pilot EMT program that was operated out of Methodist hospital. Instructors also brought their experience from having participated in the community paramedic program.

After the first class, instructors held a debriefing and identified improvements for future program participants. Going forward, more time will be spent on implementation, clinicals will be expanded to eight hours of simulation and 16 hours of clinicals.

As of today, two students have completed the program and the rest are in various stages of their clinicals, with an expected completion by all of January of 2018. Going forward, Hennepin Technical College plans to offer the entire program either monthly or bi-monthly, with a full capacity of 24 students per class. They are also working to expedite the completion of the entire program by finding different ways to move through clinicals.

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V. CEMT in Medical Assistance

As was noted in section four, CEMTs are required to be certified. Hennepin Technical College developed a curriculum and two students have already completed the full course with several others expecting to complete the program by January of 2018. Given very few individuals have completed the curriculum, we have not yet had any CEMT services provided. We expect that we will see CEMT services provided during calendar year 2018 given the pending completion of various participants.

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VI. Report recommendations

Given we have not yet had any CEMT services provided, this report does not have any recommendations at this time.

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VII. Implementation language

Although the CEMT program at Hennepin Technical College has just graduated some of the pilot program CEMTs, a full class of CEMTs is anticipated for the January 2018 class. In anticipation of the CEMT program start MHCP built the [Community Emergency Medical Technician \(CEMT\) Services](#) page for the online Minnesota Health Care Program Provider Manual and have already made the necessary system updates.

Getting the CEMTs to the recipient to confirm they understand their discharge orders, have the prescribed medications available and on hand, as well as ensuring they have food has shown results in reducing readmits in the pilot program and are anticipated to do the same in 2018.